



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1201 A3**

OUTSIDE ORGANIZATION EXPENSE REIMBURSEMENT REQUEST

Employee Information

Name:	ID Number:	
Job Title:	Division/Office:	
Office Phone:	Office Email:	
Travel Dates:	Travel Location:	
<i>If traveling out of state, please submit this request along with your request for interstate travel.</i>		
Purpose of Trip/Nature of services being provided:		
Name of Organization Providing the reimbursement:		
Does DHS have a contractor or vendor relationship with this organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>State office contracts may be verified with the DHS Office of Contracts Administration.</i>		
Are you receiving an honorarium or other compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the nature of your relationship with the organization paying your expenses?		
Additional Comments:		
Signature:	Date:	

OUTSIDE ORGANIZATION EXPENSE REIMBURSEMENT REQUEST

DHS Supervisor Approval

Name:

The request is:

Approved

Denied

If denied, provide justification.

Signature:

Date:

DHS Division/Office Director Approval

Name:

The request is:

Approved

Denied

If denied, provide justification.

Signature:

Date:

Agency Ethics Officer Approval

Name:

The request is:

Approved

Denied

If denied, provide justification.

Signature:

Date: